

* Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEETSubstitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/781,076

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
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Total Indep	3					
Total Depend	16					
Total Claims	19					

* May be used for additional claims or amendments						
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100						
Total Indep						
Total Depend						
Total Claims						